



**CERTIFICATION OF INDIANA  
ABSTRACT OF COURT RECORD**  
State Form 53124 (R3 / 7-08) / SR16

Uniform Traffic Ticket Number

Select one (1) of the following:

- ☐ Ticket Substitute
- ☐ Failure to Appear (FTA) ☐ Reopened and Disposed
- ☐ Failure to Pay (FTP) ☐ Payment
- ☐ Amendment to an Existing Abstract of Judgment

Driver's License Number				License State		License Type		Individual Cited <input type="checkbox"/> Driver <input type="checkbox"/> Passenger	
Name (First, Middle, Last)						Date of Birth (Month, Day, Year)		Race	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Number and Street)				City		State		Zip Code	
Plate Number		Vehicle Year	Vehicle Make	Vehicle Color	Vehicle Type <input type="checkbox"/> Commercial <input type="checkbox"/> Passenger	Hazardous Material <input type="checkbox"/> Yes <input type="checkbox"/> No		Accident <input type="checkbox"/> Yes <input type="checkbox"/> No	Fatality <input type="checkbox"/> Yes <input type="checkbox"/> No
Offense Date (Month, Day, Year)			Offense Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Probable Cause Control Number		Chemical Test Results: Refused, Failed, Drugs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Original Offense (Description)			Vehicle Speed / Posted Speed			Original Indiana Code Cite		ACD (BMV Use Only)	
Amended Offense (Description)			Vehicle Speed / Posted Speed			Amended Indiana Code Cite		ACD (BMV Use Only)	
Court Name		Court Code and Assigned Case Number			Court Disposition Date (Month, Day, Year)		<input type="checkbox"/> Alternative misdemeanor granted pursuant to Indiana Code 35-50-3-1		
Court Finding	G = Guilty D = Dismissed N = Not Guilty P = Nolle Prosecuri A = Vacated T = Deferred (Must cite statutory authority: I.C. _____)					Based on: <input type="checkbox"/> Trial <input type="checkbox"/> Admission <input type="checkbox"/> Nolo Contendere		Payment Date (Month, Day, Year)	
Suspension of Driving Privileges: _____ Days _____ Years						Effective Date of OWI Suspension: _____			
Probationary license for ___ days is authorized. Order of conditional probation (SR17) attached. Commercial driver's license (CDL) holders are ineligible for probationary driving privileges for their CDL pursuant to Indiana Code 9-30-5-9.5						If the court grants a probationary license, enter the length of the OVWI suspension time that the court stayed pursuant to Indiana Code 9-30-5-12:  _____ Days _____ Years			
<input type="checkbox"/> Delete Probable Cause Refusal  <input type="checkbox"/> Terminate Probable Cause Refusal						<input type="checkbox"/> Delete Probable Cause Failure			
Signature of Court Representative				Title		Date (Month, Day, Year)			
This abstract is a certification of record to the Commissioner of the Indiana Bureau of Motor Vehicles as prescribed by Indiana law.									